Wirral Cancer Strategy
2017-2020

Wirral Strategic Cancer Partnership
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Introduction

There are over 200 different types of cancer. The name cancer is a general term applied to this group of diseases. Every two minutes someone in England will be told they have cancer. Half of people born since 1960 will be diagnosed with cancer in their lifetime.

On the Wirral\(^{(1)}\):

- There are 649 new cancer diagnoses per 100,000 people each year
- As of the end of 2010, around 9,600 people in the Wirral were living up to 20 years after a cancer diagnosis; this is estimated to rise to 18,600 by 2030.
- There are 324 cancer deaths per 100,000 people each year; this is higher than the England rate (284 per 100,000 people).
- Patient Experience - 91% of people in the Wirral rate their overall care as excellent or very good. The England average is 89%.

Cancer presents a significant health challenge, however improvements in outcomes already mean that more than half of people receiving a cancer diagnosis will now live ten years or more. This is welcome news however; cancer is the biggest cause of death from illness or disease in every age group\(^{(2)}\), therefore it is Wirral’s priority to ensure everyone works together to prevent people from getting cancer, to ensure patients are diagnosed early, to ensure their cancer journey is a positive experience and for those living with an beyond cancer, that the receive the help and support they need to enjoy a good quality of life.

\(\textit{Dr Debbie Harvey}\)

\textit{Macmillan Lead Cancer GP for Wirral}

\(^{(1)}\) \text{http://lci.cancertoolkit.co.uk/HeadLines}\n
\(^{(2)}\) \text{Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020}\
Cancer Strategy 2014 – 2016 Progress Update

In January 2014, Wirral CCG in Partnership with West Cheshire CCG, developed the 2014 – 2016 Cancer Strategy. Through this strategy, providers worked together to deliver a comprehensive range of activities and schemes.

Highlights include:

- New direct to test pathways for Colorectal, Lung & Upper GI
- Holistic Needs Assessments introduced to support patients in all aspects of their lives
- Reviewed crisis management pathways & promoted educational materials for sepsis
- Supported care co-ordination through integrated care teams
- Lead Cancer Nurse post created at Wirral University Teaching Hospital
- Introduced group based education programmes to support patient self-management & peer support
- Special patient notes in place

Activity since 2014:

- New Cancer Information Centre & Officer at Arrowe Park Hospital
- Patient Experience - 92% of patients said they were treated with dignity & respect
- Introduced Cancer Health & Well Being Events
-实施了针对前列腺癌、肺部及宫颈癌的恢复计划

- Implementation of the recovery package for those Living With & Beyond cancer
- More cancer patients are surviving five years or more
- Supported GP practices in the management of potential cancer symptoms
- Reviewed crisis management pathways & promoted educational materials for sepsis
- Primary & secondary care education in results management, confusing symptoms diagnosis & prevention
- Lead Cancer Nurse post created at Wirral University Teaching Hospital
- Developed an electronic point of contact for each cancer group enabling quick & efficient information exchange
- Quick reference guides & best practice guides shared with GPs
- Rolled out flexi-sigmoidoscopy for over 55 year olds
- Introduce group based education programmes to support patient self-management & peer support
- Introduces local communications for bowel cancer screening
- Special patient notes in place
- Supported care co-ordination through integrated care teams
The Current Challenges

This strategy for 2017 – 2020, builds on the excellent work already in place. However, the strategy recognises that more must be done to ensure Wirral residents are empowered to live long and healthy lives.

Statistics show where the Wirral is performing poorly against the national average and it is these areas that are to be the focus of future work.

Combined with the national strategy, this strategy sets out a vision and plan that is responsive to the needs of Wirral residents.

Currently, on the Wirral:

- The incidence of cancer is higher than the national average
- The one year survival rate is lower than the national average
- The incidence of preventable cancers are higher than the national average
- The most common cancers are breast, lung & colorectal
- Under 75 mortality is higher than the national average
- Incident rate of Lung cancer is significantly higher than the national average
- Bowel screening uptake is lower than the national average
- Incidence of Breast cancer is higher than the national average
Our Vision for Cancer

Our vision:

A FUTURE WHERE PATIENTS SURVIVE CANCER
& PREVENTION IS A PRIORITY

How will we achieve this?

Empower people living on the Wirral, to improve their health & well-being, to understand how the risk of cancer can be reduced through lifestyle changes.

To encourage people to access screening programmes that will ensure early referral for anyone at risk of developing cancer.

Educate and train front-line health professionals to recognise possible symptoms of cancer and to support those living with and beyond cancer

When people are diagnosed with cancer, we will offer them fast diagnosis, the best possible treatment, care and support.

For those living with or beyond cancer, we will enable people to achieve a good quality of life.
Developing the Strategy

The 2017 – 2020 Strategy has been developed through a partnership approach led by the Wirral Strategic Cancer Partnership. The Partnership comprises:

- Wirral Clinical Commissioning Group
- Wirral Cancer and End of Life GP Lead
- Public Health - Wirral
- Public Health – NHS England
- North-West Coast Strategic Clinical Network
- Voluntary & Community Action Wirral
- Wirral University Teaching Hospital
- Macmillan Cancer Support
- Wirral Community Foundation Trust
- Wirral Hospice St Johns
- Clatterbridge Cancer Centre
- Cancer Research UK
- Local Medical Council
- Healthwatch UK

The partnership is accountable to the Wirral Clinical Commissioning Group (CCG). Members of the group represent the group at wider networks, for example, the Cancer Managers Advisory Group, Wirral End of Life Palliative Care Group, WUTH Steering Group, Macmillan Cancer Info & Support Steering Group, Living With & Beyond Cancer Group.

This fresh strategy builds upon the work undertaken in the past three years. However much has changed, therefore during the development of the 2017 – 2020 strategy, up to date information has be collated and shared, information from a variety of sources including the document Achieving World-Class Cancer Outcomes: Taking the Strategy Forward have been considered and used to inform content.

A comprehensive action plan has been developed with the support of a wide range of partners, and patients have been engaged throughout the process.
The workshop, attended by providers, patients and partners, highlighted national priorities and initiatives. The current picture locally was described through the use of data, whilst delegates shared their knowledge through focus groups and discussion.

The workshop supported the identification of priorities for the Wirral across a number of themed areas, along with activity to deliver improvements against these priorities.
Delivering and Monitoring of the Strategy

Wirral Strategic Cancer Partnership is responsible for monitoring and overseeing the delivery of this strategy by the network of delivery partners.

The high level action plans contained within this strategy will be supported by a detailed annual action plan – this will allow for activity to meet our strategic objectives whilst being responsive to information updates and, if available, new funding streams.

The partnership will undertake progress reviews on a quarterly basis.

Delivery of the Strategy

Quarterly Monitoring

- Progress Reports from delivery partners
- Data Updates
- Patient Feedback

Update of Action Plans

- RAG Rating
- Agree additional activity
- Feedback to delivery partners
A Whole System Approach

Plans & Strategies:

In addition to links with the providers of cancer services for Wirral patients, the Wirral Strategic Cancer Partnership and the Cancer Strategy is aligned to other local plans and strategies:

Wirral CCG Operational Plan:
Wirral CCG publishes an annual Operational Plan, this breaks down the commitments contained in this strategy and ensures that wider services, for which the CCG is responsible, are aligned and provide for the needs of cancer patients.

Cheshire & Merseyside Sustainability and Transformation Plan (STP):
CCGs are working together regionally with joint responsibility for helping each other transform and sustain the NHS. The purpose of engendering mutual assistance and taking timely action where needed, will be as valuable as the annual assessments undertaken by CCGs. NHS England has published a framework for STPs, this identifies six priority clinical areas including cancer, along with key indicators for these priority areas, for cancer these are:

- Cancers diagnosed at an early stage
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
- One Year survival from all cancers
- Cancer patient experience
- 5 year forward view and planning guidance

Nationally, the strategy aligns to the report by the Independent Cancer Taskforce – Achieving World-class Cancer Outcomes - A Strategy for England 2015-2020, along with the NHS action plan - Achieving World-Class Cancer Outcomes: Taking the strategy forward.

Other plans and strategies that support this strategy on a national and local level include:

- Wirral Plan ‘2020 Vision’
- Tobacco Control Plan 2016
- National Childhood Obesity Strategy 2016
- Alcohol Evidence Review 2016
- Living With and Beyond Cancer Programme – NHS England & Macmillan
- Wirral Palliative and End of Life Care Strategy 2016 – 2020
- Wirral’s Leisure Strategy
Delivering in Partnership:

The Cancer journey requires a comprehensive and robust partnership approach to the delivery of a wide range of services. There are five key phases for patients:

- Prevention
- Diagnosis
- Treatment
- Supporting those living with and beyond cancer
- End of Life & Palliative Care

No one organisation is solely responsible for the commissioning and delivery of services for Wirral patients. Working together with patients, commissioners, providers, the local authority and being part of regional bodies, for example, the Cancer Alliance, the Wirral Strategic Cancer Partnership with look at all aspects of provision for cancer, at every stage of the cancer journey, pin pointing areas where improvements and transformation can be made.
The Wirral and Our Population

Wirral is a borough of contrast and diversity in both its physical characteristics and social demographics. There are both rural areas and townships and urban and industrialised areas in a compact peninsula of 60 square miles. The borough has a wealth of parks and countryside and over 20 miles of coastline.

Around 320,000 people live on the Wirral. There is a relatively high older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole. The older population, age 65 years and above, are expected to increase by 17.4% by 2021, the population of over 85 years is projected to increase by 29.9% by 2021.

The Office of National Statistics (ONS) estimates indicate that 5% of the Wirral population are from black and minority ethnic groups (i.e. not white British). This is reflected in the school census.

According to the Index of Multiple Deprivation (IMD) 2010, Wirral is the 60th most deprived of the 326 districts in the country and is therefore in the bottom 20% nationally. 30 of Wirral’s LSOAs are in the lowest 5% in England and 23 LSOAs in the 3% most deprived nationally.
Addressing Inequalities

Whilst this strategy focusses on the whole Wirral community, there is strong evidence, nationally and locally, that there are differences between groups in aspects of cancer patients’ screening, diagnosis, care and outcomes.

For example, nationally, for all cancers combined (excluding non-melanoma skin, breast, lung and sex specific) age standardised mortality for men is 70% higher than it is for women.

Age standardised mortality in the most deprived populations is 50% higher than in the least deprived.

Similarly emergency presentation – a marker of late diagnosis and worse prognosis – increases with age and has a clear socio-economic gradient that worsens with deprivation.

Understanding and addressing the inherent health inequalities throughout the Wirral cancer pathway is a key principle of the Wirral Cancer Strategy. In order to do this, the partnership will consider data to inform activity that addresses health inequalities across the following areas:

- Gender
- Age
- Patients with Learning Disabilities
- Black & Minority Ethnic Patients
- Homeless & those with complex life circumstances
- Deprivation
- Lesbian, Gay, Bi-sexual and Transgender (LGBT)

Bowel Screening Map
Comparison of Screening Uptake on the Wirral - Total Population / Population with Learning Disabilities

The following compares the screening uptake of the Wirral population with the screening uptake of the Wirral population registered with learning difficulties. There is a significant gap showing the importance of understanding and addressing health inequalities.

<table>
<thead>
<tr>
<th></th>
<th>Percentage uptake - Total Eligible Wirral Population</th>
<th>Percentage Uptake Wirral Population Registered with Learning Disabilities</th>
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<tbody>
<tr>
<td>Percentage of women, age 25 - 49 who had a cervical smear test</td>
<td>60%</td>
<td>29%</td>
</tr>
<tr>
<td>Percentage of women, age 50-64, who had a cervical smear test</td>
<td>69%</td>
<td>26%</td>
</tr>
<tr>
<td>Percentage of women who had mammographic screening in last 3 years</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Percentage of patients, age 60 -69, who had bowel cancer screening in last 2 years</td>
<td>49%</td>
<td>31%</td>
</tr>
<tr>
<td>Percentage of men, age 60 - 69, completed bowel cancer screening in last 2 years</td>
<td>47%</td>
<td>33%</td>
</tr>
<tr>
<td>Percentage of women, age 60 -69, completed bowel cancer screening in last 2 years</td>
<td>50%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Source – Wirral CCG BI Team / LD SAF National Data Returns, March 2015
Prioritising by Tumour Groups

The cancer incidence rate in Wirral (676 per 100,000) is higher than the England average (608 per 100,000).

The under 75 mortality rate (155 per 100,000) is higher than the England average (138.7 per 100,000),

The one year survival rate (68.8 net survival index) is lower than the England average (70.2)

Whilst there are over 200 different types of cancer, in the Wirral breast, lung, bowel and prostate cancer account for half, of all new cancers diagnosed. The two most commonly diagnosed cancers in Wirral are prostate and lung (in men) and breast and lung (in women).

The following sections look at each of these four tumour groups in detail.
Breast Cancer

The incidence of breast cancer in Wirral (197 per 100,000) is higher than the England average of 173 per 100,000.

The risk of breast cancer is linked to many things, including being overweight, alcohol, cancer causing chemicals at work, hormone replacement therapy and not breast feeding.

The overall mortality rate in the Wirral (32.9 per 100,000) is similar to the England average (35.5 per 100,000). Breast cancer is the second most common cause of death from cancer in women, and whilst survival rates have improved over the last 40 years, cancer survival in the UK is still worse than comparable countries.

Screening is one of the best ways to spot breast cancer earlier, and women are more likely to survive if diagnosed early. The proportion of women aged 53 – 70 attending breast cancer screening is 76.9% in Wirral, this is slightly higher than the national average (75.4%).

One year breast cancer survival in Wirral (96.5%) is similar to the English average (96.7%); this is a good indicator that Wirral is on par with England in respect of early diagnosis and the availability of optimal treatment.
Lung Cancer

The incidence of lung cancer on the Wirral (99.24 per 100,000) is higher than the English average (78.34 per 100,000).

Smoking causes more than 8 out of 10 lung cancers (86%). Wirral has a robust Tobacco Control Plan and cessation services operating locally. The percentage of people who smoke in Wirral is 18.9%; this is higher than the English average of 16.9%. Rates in routine and manual workers are 30.5% - higher than the English average of 26.5%.

Eight out of ten adult smokers start before they are turn 19 years old; 3.8% of children age 11 to 15 are regular smokers in Wirral.

The proportion of smokers using NHS Stop Smoking services who have reported quitting in Wirral is 39.5%; this is lower than the English Average of 51%.

The Wirral Lung Cancer mortality rate (76.1 per 100,000) is higher than the English average (61.3 per 100,000). Smoking causes more than 8 out of 10 lung cancer deaths.

In lung cancer, surgery is mostly used to treat non-small cell cancers and experts believe surgery is responsible for around half of cases where lung cancer is cured, making it the most effective treatment for cancer. It may be used in conjunction with radiotherapy and / or chemotherapy. The percentage of patients receiving major surgery for non-small cell lung cancer is 19.6% - higher than the English average of 15.4%.

Chemotherapy is the main treatment for small cell lung cancer. In Wirral, 65.2% of patients with small cell lung cancer receive chemotherapy on its own, or in conjunction with radiotherapy and / or surgery.

The percentage of Wirral patients receiving radiotherapy for lung cancer is 29.3%, this is similar to the English average of 28.3%. Around four in ten people whose cancer is cured receive radiotherapy and 16% of all cancer cures can be attributed to radiotherapy.

One year cancer survival in Wirral is lower (32.3%) than the English average (35.4%). Early diagnosis is a key factor in survival and accessing optimal treatment; around 7 in 10 patients will survive their disease if diagnosed at the earliest stage, compared to 1 in 10 survival when diagnosed at the latest stage.
Bowel Cancer

The incidence of bowel cancer in Wirral (78.8 per 100,000 of the population) is higher than the England average at 70.43 per 100,000. However, one year survival in Wirral (77.8%) is on par with the England average (77.7%), this is a good indicator that bowel cancer is being diagnosed early and access to optimal treatment is available.

The risk of bowel cancer is linked to many things, including high levels of red meat, being overweight, a low fibre diet, alcohol and tobacco smoke.

Bowel cancer Mortality rates on the Wirral (26 per 100,000) are similar to the England rate (27.7 per 100,000). Five year survival rates have doubled over the last 40 years but it is still the most common cause of death from cancer in the UK.

Screening remains one of the best ways to spot bowel cancer earlier; patients are more likely to survive if bowel cancer is diagnosed at an earlier stage. In Wirral, 56% of eligible people attend for bowel screening, this is slightly lower than the England average of 57%.

Quick access to Diagnostic tests is crucial for the early diagnosis and treatment of bowel cancer, 99.8% of patients in Wirral wait no more than 6 weeks for a colonoscopy or flexible-sigmoidoscopy test. The English average is 92.6%)

When diagnosed at the earliest stage, more than 9 in 10 bowel cancer patients in the UK will survive for more than five years, but for those diagnosed at the latest stage this drops to 1 in 10.
Prostate Cancer

The incidence of prostate cancer in Wirral is 166.2 per 100,000 of the population; this is slightly lower than the England average of 177.6. Since 2001, the prostate cancer incidence rate in England has increased by 1% each year; the trend in the Wirral is higher with an increase of 4.4% per year.

Whilst the incidence rate is lower than the England average, the under 75 mortality rate is higher at 13.99 per 100,000 of the population compare to England at 11.65 of the population. The overall mortality rate, at any age, is also higher than the England average.

Source:
Cancer Data UK - www.cancerdata.nhs.uk
NCIN Cancer Data - https://www.cancerdata.nhs.uk/mortality/age_standardised_rates
Patients, Carers and Families

Patients, their carers and families play a vital role in shaping and developing services throughout the cancer pathway.

A national cancer patient experience survey (NCPES) is undertaken annually, the most recent survey results are available at http://www.ncpes.co.uk/index.php/reports/local-reports/ccg/3012-12f-nhs-wirral-ccg-2015-ncpes-report/file. Section three of our action plan supports the continuous improvement of patient experience.

In addition, to the NCPES, there are many further sources of information that help to inform service development.

For example:

In January 2016, the Healthy Wirral team undertook a month long engagement comprising an online questionnaire, 30 community workshops and 8 staff group workshops. The engagement provides information around how best to communicate health messages, how people like to access services, how we should be capitalising on the services currently available in the community and how people want to be enabled to self-manage their health.

Holistic Needs Assessments are offered to patients at various points in their diagnosis and treatment. These assessments provide important information about the care and services cancer patients need. This allows us to identify gaps in services provision and better information and communication about the services available are needed.
Key Cancer Performance Standards

Achievement of the national cancer waiting times (CWT) standards is considered by patients and the public to be an indicator of the quality of cancer diagnosis, treatment and care NHS organisations deliver.

Delivering timely cancer pathways is crucial for the following reasons:

- Despite improving survival rates, cancer is the fourth leading cause of death in the UK;
- Patients continue to present late to their GP with their symptoms, resulting in delayed referral;
- There is variation in 2 week wait (2WW) referrals across the country suggesting that GPs are not always identifying suspicious symptoms;
- Once a patient has been referred, they want to be told “It’s not cancer” as soon as possible or have their treatment planned in a timely manner;
- Where the diagnosis is cancer, a speedy diagnostic pathway is critical for 62 day compliance.

On Wirral, cancer diagnosis and treatment is provided by a range of providers and patients can receive services from up to three providers on their journey. The partnership will monitor performance at the Wirral level.

Wirral Cancer Performance by Standard:

<table>
<thead>
<tr>
<th></th>
<th>2 Weeks</th>
<th>2 Weeks Breast</th>
<th>&lt; 31 Days First</th>
<th>&lt; 31 Days Subsequent Surgery</th>
<th>&lt; 31 Days Subsequent Drugs</th>
<th>&lt; 31 Days Subsequent Radiotherapy</th>
<th>&lt; 31 Days Rare</th>
<th>&lt; 62 days</th>
<th>&lt; 62 Days (Screening)</th>
<th>&lt; 62 Days (Upgrade)</th>
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<td>31*</td>
<td>96.5%</td>
<td>4*</td>
<td>95.4%</td>
<td>0*</td>
<td>100%</td>
<td>3*</td>
<td>83.3%</td>
<td>1*</td>
<td>97.8%</td>
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<tr>
<td>May-16</td>
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<td>3*</td>
<td>98.0%</td>
<td>2*</td>
<td>98.8%</td>
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<td>93.06%</td>
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<td>92.73%</td>
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<td>98.57%</td>
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<td>Jan-17</td>
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<td>94.76%</td>
<td>4*</td>
<td>93.22%</td>
<td>6*</td>
<td>96.59%</td>
<td>3*</td>
<td>88.46%</td>
<td>0*</td>
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<tr>
<td>Feb-17</td>
<td>48*</td>
<td>94.80%</td>
<td>4*</td>
<td>93.33%</td>
<td>3*</td>
<td>98.11%</td>
<td>0*</td>
<td>100%</td>
<td>0*</td>
<td>100%</td>
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<tr>
<td>Mar-17</td>
<td>16*</td>
<td>98.62%</td>
<td>3*</td>
<td>95.77%</td>
<td>4*</td>
<td>97.86%</td>
<td>1*</td>
<td>96.67%</td>
<td>0*</td>
<td>100%</td>
</tr>
<tr>
<td>Apr-17</td>
<td>89.80%</td>
<td>59.10%</td>
<td>97.80%</td>
<td>100%</td>
<td>98.00%</td>
<td>98.30%</td>
<td></td>
<td></td>
<td>84.50%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Number of recorded breaches
CCG Improvement & Assessment Framework

Cancer has been identified as one of six clinical priority areas that form the new CCF Improvement and Assessment Framework (CCGF). In June 2017, this framework will publish CQC style for the year 2016 / 2017 based on four descriptors:

1. Top performing
2. Performing well
3. Needs Improvement, and,
4. Greatest need for improvement

The CCGF will allow CCGs to consider each individual measure, identifying where CCGs can learn from each other and help drive improvements.

The overall rating for cancer is based on four indicators:

- Early diagnosis
- One year survival
- 62 day waits after referral
- Overall patient experience

The purpose of the framework is to measure progress towards the ambitions contained within the NHS Cancer Strategy for England.
High-quality Modern Services

In order to ensure that patients receive the very best radiotherapy treatments, NHS England are undertaking a Radiotherapy Service Review to establish what is needed, where and when.

The Wirral will support this review through the following commitments:

- Working with NHSE and other providers to ensure Wirral patients have access to modern high-quality equipment and services
- Increasing access to new cancer drugs
- Supporting national research projects
- Increasing the rates of Adult chemotherapy e-prescribing
- Working with NHSE, Cancer Alliances, STP footprints and delivery partners to address staffing issues where there may be gaps or a requirement to build capacity, for example, endoscopists
- Supporting NHS England in the delivery of chemotherapy in community settings
- Increasing access to clinical trials for teenagers and young adults where possible

The Wirral Strategic Cancer Partnership will also support partners to develop and improve their facilities and services, through contributing to funding bids and action plans at a regional and local level.
LOGIC MODEL & ACTION PLANS

Four key themes have been identified for the strategy:

- Prevention
- Early Diagnosis
- Patient Experience
- Support for Those Living with & Beyond Cancer

These are detailed in the logic model below, explored in detail and a high level action plan included for each theme. Cross cutting actions have also been identified.

To support the high level action plans included in this strategy, a detailed annual action plan will be developed for inclusion in the Wirral CCG Operational Plan; the operational plan is monitored on a monthly basis through a robust reporting mechanism.
**LOGIC MODEL – WIRRAL CANCER STRATEGY 2017 - 2020**

To increase the life expectancy of Wirral residents; to increase early diagnosis and treatment of cancer patients; to improve the experience of patients, to support those living with and beyond cancer.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Themes &amp; Key Activities</th>
<th>Outputs</th>
<th>Impacts</th>
</tr>
</thead>
</table>
| National Policy & Strategies | **Theme One: Prevention & Public Health**  
- Support existing strategies & plans that contribute to a reduction in preventable cancers | **Outputs** | **Impacts** |
| Healthy Wirral Partners | **Theme Two: Earlier Diagnosis**  
- Raise symptom awareness  
- Reduce the length of time from referral to diagnosis  
- Promote screening  
- Education of front line Health Professionals including GPs. | | Increased healthy lifestyles  
- Decrease in preventable cancers  
- Increased early detection & diagnosis |
| Voluntary and 3rd Sector providers | **Theme Three: Patient Experience**  
- Access to information  
- Ensure patients’ needs are met  
- Access to a key worker  
- Responsive to patient feedback | | Patients are happy with their experiences and treatment.  
- Effective rehabilitation, support & palliation  
- Improved quality of life for those living with and beyond cancer  
- Decreased cancer mortality  
- Prompt treatment |
| Patient and public involvement | **Theme Four: Support for those Living With & beyond Cancer**  
- Increase patient quality of life  
- Enabling self-management  
- Patients to live dignified and independent lives  
- Improve the measurement of Quality of Life Outcomes | | Wirral residents are aware of the potential symptoms of cancer and the importance of seeking advice early.  
Patients experience rapid diagnosis for suspected cancer from GP Referral.  
Rapid and responsive care is provided for patients when presenting at Emergency Department with urgent needs.  
To ensure patients receive the support and information to enable them to have a positive experience throughout their Cancer journey  
To ensure care, support & information is in place to achieve a good quality of life for those living with and beyond cancer. |
| Data and information | Cross Cutting Activities  
- Reduce health inequalities  
- Ensure Key Cancer Performance Standards are met  
- Address unwarranted variations | | Wirral Cancer patients have access to world class cancer services.  
- Increased quality of life for Wirral residents  
- Wirral is a healthier population, residents are aware of the contributing factors that can cause cancer, and are changing their behaviours and engaging with support services, to achieve this aim. |
| National Guidance e.g. N.I.C.E. | **Key Activities** | | |

**Key Activities**

- Annual communications plan  
- Work force programmes supporting those affected by cancer  
- Cancer prevention group in place  
- Early referral & self referral mechanisms operating  
- Increase in the administration on HPV vaccination  
- Community partners engaged to support prevention locally  
- Information & advice available to residents  
- Screening rates are increased,  
- Roll out of HPV and FIT screening tests  
- Reduce the no. of emergency presentations for new cancers  
- GP Practices have access to education and support to enable the early diagnosis of cancers  
- Use digital technology to improve patient experience, including on-line test results  
- Increase information available to patients  
- Increase our understanding of the needs of different groups of patients, ensure we are meeting these needs  
- Every cancer patient has access to a Cancer Nurse Specialist or other key worker  
- Review the findings of the annual Cancer Patient Experience Survey - implement an improvement plan  
- Continue implementation of the Recovery Package  
- Introduce quality of life measures & Patient Reported Outcome Measures  
- Risk-stratified follow up pathways & self management  
- Seamless access to Palliative Care services  
- Support & education for community based services / Volcomm sector  
- Support for people to return to work  
- Evidence led activity plans are in place addressing inequalities relating to gender, age, learning disabilities, BME, homeless & deprivation  
- Performance Reporting in place for the Key cancer performance standards  
- Action plan in place to address unwarranted variation identified through the CCGIAF  
- Pathway reviews in place for priorities identified from the NHS Rightcare Commissioning for Value packs  
- Wirral Cancer patients have access to world class cancer services.
Theme One: To Prevent the Incidence of Cancer in Wirral

The number of new cancers diagnosed on the Wirral is increasing year on year in line with the national increase. Nationally the number of cancer diagnoses is expected to reach over 300,000 by 2020. Our aim is to significantly reduce the number of cancers caused by behavioural, lifestyle and environmental factors.

In Wirral, strategies and plans already exist that support the prevention of cancer for example, the Wirral Plan 2020 Vision, Smoke free Wirral, Ageing Well in Wirral Plan and Wirral Residents Live Healthier Lives plan.

On the Wirral, we will seek to reduce the incidence of cancer through:

- exploring activity around risk stratification
- amplify prevention messages locally
- engaging partners to support prevention of at a community level

We will also increase measures to prevent cancers and the recurrence of cancers:

- HPV vaccination for boys in line with national recommendations
- Care & support programmes for those at risk of recurrent cancers
### Action Plan - Theme One:

**To Prevent The Incidence of Cancer in Wirral**

**Aim:** to reduce the number of preventable cancers

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Current Position / Baseline</th>
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</thead>
</table>
| To support the strategies and plans already in place that will contribute to a reduction in cancers caused by behavioural, lifestyle and environmental factors. | Amplify prevention messages locally through the use of digital information & social media, health & education events, engaging communities and education in schools. Support Workforce Programmes to raise awareness. Establish a Wirral cancer prevention group to explore information that will help inform risk stratification and take forward activity at community level. Early referral & self-referral mechanisms for those at risk of recurrence. Develop an annual communications plan. Engage community partners to help deliver the prevention message within our communities. | Incidence Rate, newly diagnosed cancers, per 100,000 of population - 676.17  
Source: www. Cancerdata.nhs.uk Incidence rate (CCG) 2013  
Under 75 mortality rate from cancer considered preventable (LA) Incidence rate per 100,000 of the population - 90.3  
| Increase in the administration of HPV vaccination.                      | Target any areas of low HPV uptake. Consider options to administer HPV to boys.                                                                                                                                                                                                                                                                     | HPV Vaccinations - females Sept 2015 – Aug 2015, 94.9%  
Theme Two: To Increase the Number of Patients Being Diagnosed with Cancer Early

Early diagnosis of cancer increases the likelihood that patients will receive treatment to cure cancer. The likelihood of early diagnosis can be increased through education about the early signs and symptoms of cancer, increase screening, and ensure speedy access to diagnostic tests.

Locally and nationally, much work has been done to increase early diagnosis:

- Awareness raising through Mobile Public Information Points & campaigns such as “Be Clear on Cancer”
- Education & support for GPs to enable the rapid referral of patients for diagnostic tests
- Virtual diagnosis has been introduced under the Accelerate, Co-ordinate and Evaluate programme (ACE), reducing diagnosis times for colorectal cancer. Locally – Lung.

The key focus of our attention will be around:

- Support national awareness raising media campaigns
- Increase access to information about cancer symptoms
- Increase the number of Cancer focussed Health Events
- Work with regional partners to access new sources of funding
- Roll out of HPV and FIT screening tests
- Reduction in the number of new cancers diagnosis as an emergency presentation
- Educate & support GP practices to enable the early diagnosis of cancers
- Target cancer screening in areas where there is low uptake numbers.
- Innovative ways to increase referrals at an early stage will be explored, for example, self-referral.
- Rapid access to Acute Oncology for non-specific symptoms that do not meet the 2 week rule criteria.
## Action Plan - Theme Two:
### To Increase the Number of Patients Being Diagnosed with Cancer Early

**Aim** - By 2020, people can expect to be either diagnosed with cancer or have cancer excluded within 28 days of referral by their GP

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Current Position / Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise awareness of potential symptoms through Information &amp; Advice.</td>
<td>Support Workforce Programmes to raise awareness.</td>
<td>Breast Screen Uptake - 76.9% of eligible women (LA)</td>
</tr>
<tr>
<td></td>
<td>Health &amp; Education Events.</td>
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<td></td>
<td>Use community resources to reach target groups.</td>
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<td></td>
<td>Education in schools.</td>
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<td></td>
<td>Support national campaigns through local amplification.</td>
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<tr>
<td>Introduce new guidelines &amp; best practice to reduce the length of time from referral to diagnosis.</td>
<td>Pilot new pathways to reduce diagnostic times</td>
<td>Cancers Diagnosed at Stage 1 or 2 - 47.6%</td>
</tr>
<tr>
<td></td>
<td>Work with regional networks to identify &amp; adopt best practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explore new options for rapid access to acute oncology</td>
<td></td>
</tr>
<tr>
<td>Increase Screening Rates.</td>
<td>Target areas of low uptake.</td>
<td>78% of cancer patients saw the GP once / twice before being told had to go to hospital</td>
</tr>
<tr>
<td></td>
<td>Roll out HPV &amp; FIT screening.</td>
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<tr>
<td></td>
<td>Consider widening the eligibility for screening.</td>
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<td></td>
<td>Information &amp; education to support reduce anxiety &amp; fear.</td>
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<tr>
<td>Increase the knowledge of front line Health Professionals including GPs.</td>
<td>GP Education.</td>
<td>Cancers diagnosed through emergency presentation 20.4%</td>
</tr>
<tr>
<td></td>
<td>Practice Nurse training.</td>
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<td></td>
<td>Cancer Self-assessment Frameworks in place across all GP practices.</td>
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<tr>
<td></td>
<td>GP Practice Level Risk Stratification.</td>
<td></td>
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<tr>
<td></td>
<td>Support GPs to undertake Significant Event Analysis following emergency presentations.</td>
<td></td>
</tr>
<tr>
<td>Reduce the number of Emergency Presentations.</td>
<td>Undertake evaluation of emergency presentations.</td>
<td>A 28 day diagnosis baseline is to be developed nationally.</td>
</tr>
</tbody>
</table>
Theme Three:

Patient Experience

Having cancer can be devastating. Treating patients with care and compassion and empowering them in their journey from the start, improves their experience and outcomes.

The key focus of our attention will be around:

- Use digital technology to improve patient experience, including on-line test results
- Increase the information available to patients throughout their cancer journey
- Increase our understanding of the needs of different groups of patients and how we can ensure we are meeting these needs
- Work to ensure every cancer patient has access to a Cancer Nurse Specialist or other key worker
- To consider the findings of the annual Cancer Patient Experience Survey and implement an action plan for targeted improvements

National Cancer Patient Experience Survey Wirral 2015 Summary Results

Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.7.

The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England*:

- 77% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 90% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- When asked how easy or difficult it had been to contact their Clinical Nurse Specialist 93% of respondents said that it had been ‘quite easy’ or ‘very easy’
- 92% of respondents said that, overall, they were always treated with dignity and respect when they were in hospital
- 94% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- 65% of respondents said that they thought the GPs and Nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Current Position / Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure patients have access to the information they need at every point</td>
<td>Use digital technology to improve patient experience, including on-line test results.</td>
<td>78% of patients were given complete explanation of test results in an understandable way.</td>
</tr>
<tr>
<td>of their journey.</td>
<td>Increase the information available to patients throughout their cancer journey.</td>
<td>79% of patients were told they could bring a family member or friend when first told they</td>
</tr>
<tr>
<td></td>
<td></td>
<td>had cancer</td>
</tr>
<tr>
<td>Ensure patients’ needs are being met.</td>
<td>Increase our understanding of the needs of different groups of patients and how we can</td>
<td>60% of patients were able to discuss worries or fear with staff during their visit</td>
</tr>
<tr>
<td></td>
<td>ensure we are meeting these needs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To gather and analyse patient insight information to help identify future service development.</td>
<td></td>
</tr>
<tr>
<td>Ensure patients have access to a key worker.</td>
<td>Work to ensure every cancer patient has access to a Cancer Nurse Specialist or other key</td>
<td>74% of patients felt that the possible side effects explained in an understandable way.</td>
</tr>
<tr>
<td></td>
<td>worker.</td>
<td>77% of patients felt they were definitely involved in decisions about care and treatment.</td>
</tr>
<tr>
<td>Respond to feedback from patients about their experiences.</td>
<td>To consider the findings of the annual Cancer Patient Experience Survey and implement an</td>
<td>54% of patients were given understandable information about whether radiotherapy was working</td>
</tr>
<tr>
<td></td>
<td>action plan for targeted improvements.</td>
<td>90% of patients were given the name of the CNS who would support them through their treatment</td>
</tr>
</tbody>
</table>

All sources: NCPES 2015
Theme Four:

Living With and Beyond Cancer

There are currently 1.8 million people in England living with and beyond cancer. It is important that everyone living with and beyond cancer can access the care, support and information they need to lead as healthy and active a life as possible, for as long as possible.

The key focus of our attention will be around:

- Continue implementation of the Recovery Package – Holistic Needs Assessments, Treatment Summaries, Cancer Care Review, Health & Well-being Education Events
- Using best practice, reduce and manage the long term consequences of treatment
- Introduce measures to collect data on long-term quality of life
- In line with national developments, introduce Patient Reported Outcome Measures
- Introduce risk-stratified follow up pathways, including supported self-management, for breast cancer
- Work with Specialist Palliative Care to ensure seamless access to Specialist Palliative Care services for cancer patients
- To support Community Pharmacy services to help patients manage the consequences of treatment
- To support people with cancer to return to work
- To promote the benefits of exercise to prevent a recurrence of cancers

70% of people who have cancer have at least one other Long-term condition (Macmillan)
## Action Plan - Theme Four:
### Living With & Beyond Cancer

**Aim** – To ensure care, support & information is in place to achieve a good quality of life for those living with and beyond cancer.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Current Position / Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase the quality of life that cancer patients experience.</td>
<td>Using best practice, reduce &amp; manage the long term consequences of treatment.</td>
<td>Baselines to be developed at a national level.</td>
</tr>
<tr>
<td></td>
<td>Continue implementation of the Recovery Package - Holistic Needs Assessments, Treatment Summaries, Cancer Care Review, Health &amp; Well-being Education Events.</td>
<td></td>
</tr>
<tr>
<td>Provide information &amp; support to cancer patients, enabling self-management of the long term consequences of treatment.</td>
<td>Introduce measures to collect data on long-term quality of life.</td>
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<td>In line with national developments, introduce Patient Reported Outcome Measures.</td>
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<td></td>
<td>Introduce risk-stratified follow up pathways, including supported self-management, for breast, colorectal and prostate cancer.</td>
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</tr>
<tr>
<td>Support patients to live dignified and independent lives.</td>
<td>Work with Palliative Care to ensure seamless access to Palliative Care services for cancer patients.</td>
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<td></td>
<td>Support &amp; educate community based services, including GPs &amp; Pharmacies, helping them to help patients manage the consequences of treatment.</td>
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<tr>
<td>Improve the measurement of Quality of Life Outcomes for patients living with &amp; beyond cancer.</td>
<td>To support people with cancer to return to work.</td>
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<tr>
<td></td>
<td>To support the Voluntary and community sector in the provision of community based services.</td>
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</tbody>
</table>
## Cross-cutting Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To understanding and address the inherent health inequalities throughout the Wirral cancer pathway.</td>
<td>The partnership will seek out and consider data to inform activity that addresses health inequalities across the following areas:</td>
</tr>
<tr>
<td></td>
<td>• Gender.</td>
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<td></td>
<td>• Age.</td>
</tr>
<tr>
<td></td>
<td>• Patients with Learning Disabilities.</td>
</tr>
<tr>
<td></td>
<td>• Black &amp; Minority Ethnic Patients.</td>
</tr>
<tr>
<td></td>
<td>• Homeless &amp; those with complex life circumstances.</td>
</tr>
<tr>
<td></td>
<td>• Deprivation.</td>
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<td></td>
<td>• Lesbian, Gay, Bi-Sexual, Trans (LGBT).</td>
</tr>
<tr>
<td>To ensure patients with suspected cancer symptoms are diagnosed and treated within the national standards.</td>
<td>Monitor Key Cancer Performance Standards for Wirral patients to ensure the minimum standards are achieved.</td>
</tr>
<tr>
<td></td>
<td>Identify any areas of concern and seek assurance from providers in respect of corrective actions.</td>
</tr>
<tr>
<td></td>
<td>To support providers, where appropriate, in relation to corrective action.</td>
</tr>
<tr>
<td>To address unwarranted variation in services identified through the CCG Improvement &amp; Assessment Framework.</td>
<td>To consider the finding of the framework, due to be published in June 2017.</td>
</tr>
<tr>
<td></td>
<td>To develop an action plan to address areas identified for improvement.</td>
</tr>
<tr>
<td>To explore opportunities to address unwarranted variation in outcomes and resource allocation.</td>
<td>Using the NHS Rightcare Commissioning for Value Focus Pack – Cancer and Tumours:</td>
</tr>
<tr>
<td></td>
<td>• Identify work stream priorities.</td>
</tr>
<tr>
<td></td>
<td>• Establish focus groups to explore each priority areas undertaking pathway reviews as appropriate.</td>
</tr>
<tr>
<td></td>
<td>• Implement and monitor actions and outcomes.</td>
</tr>
</tbody>
</table>
### References:

<table>
<thead>
<tr>
<th>Reference</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health England – Wirral Health Profile (Fingertips data)</td>
<td><a href="https://fingertips.phe.org.uk/profile/cancerservices">https://fingertips.phe.org.uk/profile/cancerservices</a></td>
</tr>
<tr>
<td>Clatterbridge Cancer Centre</td>
<td><a href="http://www.transformingcancercaremc.nhs.uk/">http://www.transformingcancercaremc.nhs.uk/</a></td>
</tr>
<tr>
<td>Resource</td>
<td>URL</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Public Health England - Local Tobacco Control Profiles</td>
<td><a href="http://www.tobaccoprofiles.info/tobacco-control">http://www.tobaccoprofiles.info/tobacco-control</a></td>
</tr>
<tr>
<td>National Cancer Equality Initiative</td>
<td><a href="http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/equality">http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/equality</a></td>
</tr>
<tr>
<td>National Cancer Intelligence Network Cancer and equality groups: key metrics 2015 report</td>
<td><a href="http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/equality">http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/equality</a></td>
</tr>
<tr>
<td>NHS Wirral CCG Operational Plan</td>
<td><a href="https://www.wirralccg.nhs.uk/About%20Us/operational-plan.htm">https://www.wirralccg.nhs.uk/About%20Us/operational-plan.htm</a></td>
</tr>
<tr>
<td>Local Cancer Intelligence Toolkit</td>
<td><a href="http://lci.cancertoolkit.co.uk/HeadLines">http://lci.cancertoolkit.co.uk/HeadLines</a></td>
</tr>
<tr>
<td>Healthy Wirral – What Matters to Wirral - 7th March 2016 Wirral CCG</td>
<td></td>
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<tr>
<td>Cheshire &amp; Merseyside Screening &amp; Immunisation Programme: Key Performance Indicators Report December 2016</td>
<td></td>
</tr>
</tbody>
</table>
For further information, please contact:

Susan Borrington (Strategy Author & Editor)
Commissioning Manager – Planned Care
Old Market House, Hamilton Street, Birkenhead, Wirral, CH41 5AL

t: 0151 651 0011
e: sue.borrington@nhs.net
w: http://www.wirralccg.nhs.uk
APPENDIX 1

WIRRAL CANCER DATA PRESENTATION
Definitions of Data Values

**Standardised Registration Ratio (SRR)**

The Standardised registration ratio (SRR) is the ratio of observed incidence to expected incidence. The calculation used to determine the SRR is:

\[
\frac{\text{number of observed cases}}{\text{number of expected cases}} \times 100
\]

**Standardised Mortality Ratio (SMR)**

The Standardised Mortality Ratio (SMR) is a comparison of the number of observed deaths in a population with the number of expected deaths (if the age-specific death rates were the same as a standard population). The calculation used to determine the SMR is:

\[
\frac{\text{number of observed cases}}{\text{number of expected cases}} \times 100
\]
1-year Survival Rates

One-year survival index for all cancers combined, aged 15 to 99 years, Cheshire and Merseyside CCG's, 2013
Overview – New Cancers

Indirectly Standardised Registration Ratio for all Cancers; all ages 1995-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>ENGLAND</th>
<th>NORTH WEST</th>
<th>Wirral</th>
</tr>
</thead>
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</table>
Overview – Mortality: all ages

Indirectly Standardised Mortality Ratio for All Cancers; all ages 1995-2014

<table>
<thead>
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<th>Year</th>
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<th>Wirral</th>
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APPENDIX 1
Breast Cancer

Registration

Wirral’s SRR for Breast Cancer is higher than the England and North West average at 318.3 for the period of 2011-2013.

Mortality

Wirral’s SMR for Breast Cancer is lower than the North West and England average at 287.61 for the period of 2011-2013.
Breast Cancer Screening

Breast Screening Coverage, 53-70 Years; 2013/2014 - 2014/2015

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Breast Screening Map

Females Aged 50-70, Screened for Breast Cancer In Last 36 Months (3 year coverage, Percentage), By GP Practice, 2014/15
With IMD 2015 Deprivation Quintile

IMD 2015 Deprivation Quintile
1 (Most Deprived)
2
3
4
5 (Least Deprived)

Breast Cancer Screening RAG
GREEN (Significantly Better than England Average)
AMBER (Similar to England Average)
RED (Significantly Worse than England Average)

Wirral Borough Council
Public Health Intelligence Team
Cervical Cancer

Registration

Wirral’s SRR for Cervical Cancer is above the North West and England average at 346.21

Mortality

Wirral’s SMR for Cervical Cancer is significantly higher than North West and England Average at 516.73
Cervical Cancer Screening

Cervical Screening Coverage, 25-64 Years;
2013/14 - 2014/15

<table>
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<th>2014-15</th>
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<td>North West</td>
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Cervical Screening Map

Females Aged 25-64, Attending Cervical Screening Within Target Period (3.5 or 5.5 year coverage, Percentage).
By GP Practice, 2014/15
With IMD 2015 Deprivation Quintile

IMD 2015 Deprivation Quintile
1 (Most Deprived)
2
3
4
5 (Least Deprived)

Cervical Screening RAG
GREEN (Significantly Better than England Average)
AMBER (Similar to England Average)
RED (Significantly Worse than England Average)

Wirral Borough Council
Public Health Intelligence Team

APPENDIX 1
Lung Cancer

Registration

Wirral’s SRR for Lung Cancer is lower than the North West average and higher than the England average at 381.28.

Mortality

Wirral’s SMR is slightly below the average for the North West and higher than the England average at 377.04.
Trends – Lung Cancer Gender Comparison

Indirectly Standardised Registration Ratio for Lung Cancer; all ages; Males; 1995-2013

Indirectly Standardised Registration Ratio for Lung Cancer; all ages; Females; 1995-2013
Bowel Cancer

Registration

Wirral’s SRR for Colorectal Cancer is lower than the North West average and higher than the England average, at 314.33.

Mortality

Wirral’s SMR for Colorectal Cancer is lower than the North West and England average, at 296.34.

APPENDIX 1
Bowel Screening Map

Persons Aged 60-69. Screened for Bowel Cancer
In Last 30 Months (2.5 year coverage, Percentage),
By GP Practice, 2014/15
With IMD 2015 Deprivation Quintile

IMD 2015 Deprivation Quintile
1 (Most Deprived)
2
3
4
5 (Least Deprived)

Bowel Cancer Screening RAG
GREEN (Significantly Better than England Average)
AMBER (Similar to England Average)
RED (Significantly Worse than England Average)

Wirral Borough Council
Public Health Intelligence Team
Prostate Cancer

Registrations

Wirral’s SRR for Prostate Cancer is higher than the North West and England average, at 309.64

Mortality

Wirral’s SMR for Prostate Cancer is higher than the North West and England average, at 363.85